PTO/SB/83 (06-03) Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/646,990 Filing Date August 21, 2003 First Named Inventor Nikhilesh N. SINGH **REQUEST FOR WITHDRAWAL** Art Unit 1615 **AS ATTORNEY OR AGENT Examiner Name** Not Yet Assigned Attorney Docket Number 559142000500

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To: P.	ommissioner for Patents O. Box 1450 exandria, VA 22313-1450					
I hereby a	I hereby apply to withdraw as attorney or agent for the above identified patent application.					
		request are: ing made at the reques	et of Trans(Oral Pharn	naceuticals Inc	
Tills requ	iest is no	ing made at the reques) Ui Tians	Jiai Filaili	ndceuticais, mc.	
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	or idual Name	Sherbonne Barnes-Aı	nderson (T	ownsend a	and Townsend an	d Crew)
Address	Two Em	hereedere Center Eig	hth Floor			
City	San Fran	nbarcadero Center, Eig	State	California		Zip 94111-3834
City	Sallita	1CISCO	State	Camorna	1	ZIP 34 1 1 1-303-4
Telephone					Fax	
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X Thi	s request i	is made on behalf of myse	elf and			
x	all the atto	orneys/agents of record.				
	the attorne	eys/agents (with registrati	ion numbers	s) listed on t	the attached paper(s), or
	the attorno	eys/agents associated wit	th Customer	r Number [
This request is enclosed in triplicate (including any attachments).						
Name	Mika M				, , , , , , , , , , , , , , , , , , , ,	
Signature	nature			Registration No.	47,777	
Date	Februa	ary <u>Z(</u> 2004				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						
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	I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313_1450, on the date shown below.					
Dated: 2/26/04 Signature: July (Thao T. Pham)						

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/646,990			
Filing Date	August 21, 2003			
First Named Inventor	Nikhilesh N. SINGH			
Art Unit	1615			
Examiner Name	Not Yet Assigned			
Attorney Docket Number	559142000500			

To: P.C	Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450						
I hereby ap	ply to withdraw as attorney or	agent for the a	above identifi	ed patent app	olication.		
The reasons for this request are: This request is being made at the request of TransOral Pharmaceuticals, Inc.							
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1. Th	e correspondence address is N	IOT affected b	oy this withdr	awal.			
2. X Ch	ange the correspondence add	ress and direc	t all future co	rrespondenc	e to:		
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OR	, not realise.						
x Firm or Individual Name Sherbonne Barnes-Anderson (Townsend and Townsend and Crew)							
Address Two Embarcadero Center, Eighth Floor							
City	San Francisco State California		3	Zip	94111-3834		
Country							
Telephone				Fax			
× This	request is made on behalf of r	nyself and					
x all the attorneys/agents of record.							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents associated with Customer Number							
This request is enclosed in triplicate (including any attachments).							
Name Mika Mayer							
Signature		`		Registration	n No.	47,777	
Date							
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Dated: 2/26/04	Signature:(Thao T. Pham)					

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Application Number 10/646,990 Filing Date August 21, 2003 Nikhilesh N. SINGH First Named Inventor **REQUEST FOR WITHDRAWAL** Art Unit 1615 **AS ATTORNEY OR AGENT** Not Yet Assigned **Examiner Name** 559142000500 Attorney Docket Number

To: P.	Commissioner for Patents C.O. Box 1450 Llexandria, VA 22313-1450						
l hereby a	apply to wit	thdraw as attorney or ager	nt for the ab	ove identifie	ed patent app	olication.	
The reasons for this request are: This request is being made at the request of TransOral Pharmaceuticals, Inc.							
		CORRI	ESPONDE	ENCE AD	DRESS		
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OR Cus	Customer Number OR						
	x Firm or Individual Name Sherbonne Barnes-Anderson (Townsend and Townsend and Crew)						
Address	Two En	mbarcadero Center, Eigl	hth Floor				
City	San Fran		State	California	i	Zip	p 94111-3834
Country	ntry						
Telephone	<u> </u>				Fax		
X Th	nis request	t is made on behalf of mys	elf and				
x	all the atte	tomeys/agents of record.					
	the attorneys/agents (with registration numbers) listed on the attached paper(s), or						i, or
	the attorneys/agents associated with Customer Number						
This request is enclosed in triplicate (including any attachments).							
Name	Mika M	Mayer					·
Signature	Signature			Registration No.		47,777	
Date							
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